BCPharmaCare Newsletter *May 25, 2007 Edition 07-003*

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PRESCRIPTION CORRECTIONS ON PHARMANET

The College of Pharmacists (CPBC) can perform only the following corrections to PharmaNet patient records:

- Transfer prescriptions from one patient profile to another (e.g., when a prescription has been filled under the wrong PHN).
- Inactivate (remove) prescriptions that were not picked up by the patient (i.e., if the pharmacy misses the 120-day time limit for reversing prescriptions).
- Inactivate (remove) incorrect allergy/clinical condition entries. In this case the CPBC cannot change the entry, it can only inactivate it so that the pharmacy can re-enter correct information.

The CPBC cannot change prescription data once it has been entered on PharmaNet. Only the originating pharmacy can make corrections.

Correcting prescriptions up to 120 days old

To correct errors—such as the wrong DIN or the wrong prescriber:

1. Reverse the prescription entry that was transmitted in error.
2. Correct the information on the prescription.
3. Back-date and re-process the prescription using the original fill dates.

If you need assistance with the steps above, please contact your pharmacy software provider.

Prescriptions over 120 days old

Pharmacies cannot correct records for prescriptions more than 120 days old because the data is no longer "live." However, in exceptional cases, the PharmaNet Help Desk at Health Insurance BC ***may*** be able to help you. The Help Desk Supervisor would need to open a system change window to extend the 'live' data period back by 180 days. Your pharmacy can then reverse and re-transmit the prescription during the period that the change window is open.

HEALTH INSURANCE BC SECURITY MEASURES THWART ATTEMPT TO OBTAIN PERSONAL INFORMATION

Health Insurance BC (HIBC), the Ministry of Health and the College of Pharmacists of BC (CPBC), are asking pharmacists to refuse phone requests for pharmacy or patient information if they cannot positively identify the caller. Pharmacies are also asked to report to HIBC any suspicious requests they receive.

This is due to an incident that occurred in April, when an individual called the PharmaNet Help Desk at HIBC, used a valid pharmacy identifier and claimed to be a pharmacist serving a patient who had transferred from another pharmacy.

When the caller proved not to be a pharmacist, HIBC fully informed the Ministry and the CPBC of the initial call and of subsequent calls suspected to be the same individual. The CPBC worked with HIBC to send a PharmaNet fan-out notice to all pharmacies and posted additional information on the CPBC website.

HIBC also reported the calls to the Victoria Police. An investigation has been opened, as the police believe the caller's actions are consistent with an attempt to obtain drugs illegally or to commit identity theft.

We urge pharmacists to exercise caution when they receive phone requests for pharmacy or patient information. In particular, if a caller claims to be from PharmaCare, PharmaNet or HIBC, please confirm their identify by calling HIBC directly before you respond to their request.

Please note that HIBC does not contact pharmacies to ask for pharmacy identifiers.

HIBC continues to carefully screen callers using the standard verification procedures. To help prevent misuse of pharmacy or pharmacist identifiers, when calling the PharmaNet HelpDesk at HIBC, please be prepared to provide any information necessary to substantiate your identity.

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To subscribe/unsubscribe, visit the PharmaCare website at www.health.gov.bc.ca/pharme. Towards the bottom of the home page, click on Subscription Service.

Still getting printed copies you don't actually need? Please call the PharmaNet HelpDesk and ask to be removed from the 'hard copy' mailing list.

SPECIAL SERVICES FEES

The number of Special Services fees paid by PharmaCare over the past twelve months are:

April 2007	2,861	Oct 2006	3,715
Mar 2007	3,135	Sep 2006	3,505
Feb 2007	2,777	Aug 2006	3,361
Jan 2007	2,653	Jul 2006	3,038
Dec 2006	4,462	Jun 2006	3,273
Nov 2006	4,425	May 2006	3,255

CHANGES TO DISPENSING OF THE EMERGENCY CONTRACEPTIVE PILL LEVONORGESTREL (PLAN B®) 0.75 MG

Effective **May 25, 2007**, patients will be able to purchase this drug without a physician or pharmacist's prescription.

British Columbia was the first province to give women access to Emergency Contraceptive Pills (ECPs) without having to visit their doctor. In December 2000, after specialized training was provided to pharmacists, ECPs became available to British Columbian women without a physician's prescription.

In April 2005, Health Canada announced an amendment to the Food and Drug Regulations permitting levonorgestrel (Plan B®) 0.75 mg to be sold across Canada without a doctor's prescription.

British Columbia has now made levonorgestrel (Plan B®) 0.75 mg a Schedule II drug (behind-the-counter). As a result, effective **May 25, 2007**, patients will be able to purchase this drug without a physician or pharmacist's prescription.

However, to maintain access to coverage of this ECP, PharmaCare will continue to cover the Actual Acquisition Cost (AAC) of levonorgestrel, plus a dispensing fee, if a pharmacist completes a prescription form and submits a claim on PharmaNet.

Please inform all patients who request levonorgestrel that:

- **If they would like the drug cost and dispensing fee to be covered by PharmaCare, they can choose to provide their Personal Health Number (PHN) and have the pharmacy submit the claim on PharmaNet as if it were a prescription.** If the patient chooses this option, please complete a prescription form (to assign a prescription number) as in the past, and submit a PharmaNet claim with your pharmacist ID in the Prescriber field. Coverage of the AAC and the dispensing fee will be subject to the usual rules of the patient's PharmaCare plan.
- **If they prefer not to provide their PHN, they can choose to pay for the drug themselves.** In this case, PharmaCare cannot cover the cost and it will not count towards the patient's Fair PharmaCare deductible.

Please note that PharmaCare covers only the Actual Acquisition Cost, not the retail cost.

There is no change to the Schedule IV drugs (i.e., ethinyl estradiol, norgestrel and progestin). PharmaCare continues to cover these drugs as full benefits (Actual Acquisition Cost plus the dispensing fee). A physician or pharmacist's prescription is still required when dispensing the Schedule IV ECPs.

PHARMACARE ANNUAL PERFORMANCE REPORT FOR 2005

The PharmaCare Annual Performance Report for 2005 is now available.

This publication supercedes PharmaCare Trends. In addition to the key statistical and financial data previously published in PharmaCare Trends, it offers comprehensive information on PharmaCare program performance for 2005.

To access this 'online only' document, please visit www.health.gov.bc.ca/pharme and select **Publications** from the Contents menu.

VETERINARY PRESCRIPTIONS— IMPORTANT REMINDER

As mentioned in previous editions of our newsletter, incorrect entry of veterinary prescriptions can cause confusion. To ensure a pet's drug does not appear on its owners' patient record:

1. Use the PHN of the owner (NEVER assign a PHN to an animal).
2. Use the **veterinarian's license number** as the Practitioner Identification (Pract. ID)
3. Use **V9** as the Reference Code

Following the requirements also ensures that the veterinary prescription will not affect Drug Utilization Evaluation (DUE) results for the pet's owner.

PHARMACY ONSITE AUDITS COMPLETED IN 2006

Pharmacy A—Pharmacy A was selected for audit based on an analysis which applied seven specific components to identify audit candidates. Pharmacy A ranked sixth overall, 19th for the "per unit price" paid, 27th for number of refills per PHN, 27th in compound claims and 166th for duplicate same day claims. The audit found 24 compound claims which did not have the required Special Authority in place before they were filled and eleven incorrect duplicate same-day claims. PharmaCare recovered $4,582.01 from Pharmacy A.

Pharmacy B—Pharmacy B was selected for audit based on their top ranking (first) in an all-pharmacy analysis of total paid compounding claims and their high ranking (third) in an all-pharmacy analysis of total ingredient costs paid for high cost drugs. PharmaCare Audit reviewed a sample of compound claims and found a number of claims that did not have the necessary Special Authority for PharmaCare coverage, resulting in an extrapolated audit recovery of $20,971.77. PharmaCare Audit also reviewed 91 duplicate same-day claims and found that two were invalid, resulting in an audit recovery of $59.89. Pharmacy B repaid PharmaCare a total of $21,031.66.

Pharmacy C—This pharmacy, which ranked 18th in the province for the use of UF intervention codes, was selected for audit as a result of numerous claim reversals made after the pharmacy had been asked to explain their use of UF intervention codes.

The audit found the pharmacy had used the UF intervention code for numerous unauthorized and unsubstantiated PharmaCare claims totaling $35,127.

PharmaCare Audit reviewed a sample of original prescriptions claims and found $56,036.91 in claims that were not authorized/not supported by original prescription documentation. PharmaCare Audit also found unauthorized claims totaling $63,698.42 on behalf of one client. Pharmacy C therefore owes a total of $154,862.33 for recovery of PharmaCare overpayments.

Pharmacy D—PharmaCare Audit annually conducts audits of pharmacies randomly selected from various regions across British Columbia. Pharmacy D was randomly selected for audit from within its health service delivery area. In reviewing invoices for actual acquisition cost, the auditors observed that Pharmacy D had claimed in excess of Actual Acquisition Cost and the Maximum Pricing Policy by $92.88. PharmaCare therefore recovered $92.88 from the pharmacy.

Pharmacy E—Pharmacy E was also randomly selected for audit from the pharmacies from within its health service delivery area. A review of Actual Acquisition Costs identified one DIN for which the cost claimed from PharmaCare exceeded the actual acquisition cost paid by the pharmacy. Pharmacy E was paid ingredient costs $164.70 in excess of Actual Acquisition Cost and the Maximum Pricing Policy. PharmaCare recovered the $164.70 from the pharmacy.

Pharmacy F—Pharmacy F was another pharmacy randomly selected for audit from the pharmacies from within its health service delivery area. In reviewing invoices for actual acquisition cost, the auditors observed that Pharmacy F was charging in excess of Actual Acquisition Cost and the Maximum Pricing Policy by $338.28. PharmaCare Audit also reviewed the number of Plan B per diems claimed and found the pharmacy was overpaid $300 for one respite bed that was not covered under Plan B. PharmaCare recovered $638.28 from the pharmacy.

Pharmacy G—PharmaCare Audit annually conducts audits of pharmacies selected at random from various regions across British Columbia. Pharmacy G was randomly selected for audit from the pharmacies from within its health service delivery area. While reviewing invoices for actual acquisition cost, the auditors observed that Pharmacy G was charging in excess of Actual Acquisition Cost and Maximum Pricing Policy by $98.72, which PharmaCare recovered from the pharmacy.

Pharmacy H—Another randomly selected site, was Pharmacy H. In a review of invoices for actual acquisition cost, auditors observed that Pharmacy H was charging in excess of Actual Acquisition Cost and Maximum Pricing Policy by $8,838.71. Therefore, PharmaCare recovered $8,838.71 from the pharmacy.